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ABSTRACT

This report, prepared by the Maricopa Commission on Health Care Education Reform (HCER), contains an executive summary, commission overview, commission charge, and historical background. The information represents work completed by five commission task forces: (1) Task Force One presents two major recommendations centered around a draft model depicting necessary provider skills across the continuum of care; (2) Task Force Two presents 12 recommendations dealing with the current status of the Maricopa County Community College District (MCCCD) health care education programs; (3) Task Force Three presents five recommendations relating to implications tied to developing a coherent, effective, efficient, and flexible system of health care education in the MCCCD; (4) Task Force Four proposes three recommendations linked to the improvement of communication with faculty, staff, and the external community of interest; and (5) Task Force Five presents five recommendations, all tied to the development of a Maricopa Health Care Integrated Educational System, an integrated systems approach. This report identifies a list of recurring themes through a cross-referencing of task force goals, issues, and recommendations. It concludes that the HCER Commission is prepared to move forward with the next steps, once approval is obtained for the recommendations presented in this report. (VWC)

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Maricopa Commission on Health Care Education Reform: Initial Report, September 1996

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Maricopa Commission on Health Care Education Reform

Initial Report

MARICOPA COMMISSION ON HEALTH CARE EDUCATION REFORM
INITIAL REPORT - SEPTEMBER, 1996
Presented to Dr. Alfredo G. de los Santos Jr.

EXECUTIVE SUMMARY

The following is the initial report prepared by the Maricopa Commission on Health Care Education Reform (HCER) and submitted to the Vice Chancellor for Student and Educational Development, Dr. Alfredo G. de los Santos Jr. The information presented represents work completed to date by the five commission task forces addressing the 10 commission goals. Where possible, issues and concerns have been identified and recommendations provided. It must be clearly understood that the details contained in this report represent only the initial phase of this critical districtwide initiative and that forthcoming reports may enhance already identified components, re-evaluate others, and call attention to some areas for reform as yet unidentified or analyzed.

Task Force #1 presents two major recommendations centered around a draft model depicting necessary provider skills across the continuum of care.

Task Force #2 presents 12 recommendations dealing with the current status of the Maricopa County Community College District (MCCCD) health care education programs which include the development of centralized data banks, re-design of program marketing efforts, re-assessment of student enrollment options, and expanded linkage and partnerships with the community including strengthened educational mobility opportunities.

Two recommendations are directly tied to the initiation of a set of generic competencies/skills which are common to ALL MCCCD health care programs. These recommendations support the development of a general health care core curriculum for all health care programs to include a foundation course(s) to be developed as a basis for entry and articulation into any health care program.

Task Force #3 presents five recommendations relating to implications tied to developing a coherent, effective, efficient, and flexible system of health care education in the MCCCD.

Seven recommendations are noted that refer to offering students early access to health care training. This includes multicompetency training, and a health professions core curriculum/competencies integrated into all allied health and nursing programs of study.

In addition, Task Force #3 has developed eight recommendations related to providing continuing education that is fluid in its evolvement and adoption to community needs.

Task Force #4 proposes three recommendations linked to the improvement of communication with faculty, staff and the external community of interest. These include the initiation of focus groups, press releases, written articles, a Web Page, and ListServe. Emphasis is given to the necessity of involving faculty, staff and

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the community of interest throughout the project.

This task force also recommends that as the Apollo Project is developed, it must incorporate easily accessible and usable relational data bases and tracking systems that will provide accurate and timely information for planning and evaluation purposes. In addition, it is critical that a collaborative systems model be adopted instead of the current competitive model tied to Full-Time Student Equivalents (FTSE).

Task Force #5 presents five recommendations, all tied to the development of a Maricopa Health Care Integrated Educational System (HCIES), an integrated systems approach. The design includes a HCIES mission statement along with common goals and embraces the North Central Association of Colleges and Schools Commission on Institutions of Higher Education (NCA) evaluation process. This approach requires easy access to accurate data.

In reviewing the work to date of the Commission Task Forces, it is very evident to the Commission that there are several recurring themes. These themes appear as common threads throughout the task force discussions, issues, activities, and recommendations. These themes relate to:

- the development of the MCCCD response to paradigm shifts in the health delivery system as a systems approach model;
- the continuing and overwhelming concern regarding the inherent competition among the colleges--existing at all levels of the organization;
- a prodigious need for technological support (via Apollo) to construct common data bases and tracking systems;
- the development of various types of standardization among the many MCCCD health programs;
- the identification and implementation of generic competencies/core skills necessary for all health careproviders;
- the development of a general health care core curriculum to be shared by the MCCCD health care programs;
- an easier transition between and among community colleges and four-year institutions;
- the continuous effort to build and strengthen partnerships and alliances with health care employers and our community of interest.

The Commission has also identified some "next steps" that will commence following review and approval of the 45 recommendations presented to Dr. de los Santos. These items relate to:

- the ongoing investigation of the implications of health care reform and how educational course and program offerings, including personnel and program viability, will be impacted.
- the continued work of the task forces on the designated goals;
- the solicitation of external grants once MCCCD is recognized as "the" national resource for the development of a systems approach responsive to the changing practice settings and employer and consumer needs.
- the importance of obtaining administrative direction and support on the critical issues identified as recurring themes.

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COMMISSION OVERVIEW

The Maricopa Commission on Health Care Education Reform (HCER) was created in response to the ongoing unprecedented metamorphoses of the health care delivery system. These changes directly impact the health care education programs offered by the MCCCD given that the existing structure of the MCCCD health care programs are not consonant with the paradigm shifts in the health care delivery system.

Maricopa Commission on Health Care Education Reform

Commission Charge and Goals

Commission Charge

The Maricopa Commission on Health Care Education Reform is responsible for the development, initiation, implementation, and evaluation of MCCCD's educational response to the dramatic changes taking place in the health care arenas.

Because of these changes the Commission needs to do its work within two or three years. Thus, the Commission must move with all deliberate speed.

The nature of the changes is such that those now active in the health care workforce have been and will continue to be affected. Thus the MCCCD response must address both needs of those currently in the workforce and those interested in preparing to enter the workforce. The Commission, then, must address the needs of both groups.

Goals of the Commission are as follows:

1. Analyze changes in the health care delivery system and identify implications for health care education programs at the Maricopa Community Colleges.
2. Analyze the current status of all MCCCD health care education programs to include applicant pools, underrepresented populations, selection criteria, admission/retention statistics, number of graduates, employment patterns and opportunities.
3. Analyze curriculum issues common to all health care education programs, including structure, content, interdisciplinary core, basic patient skills core, process, etc.
4. Identify resource needs and design approaches to affect optimal utilization of health resources, to include internal and external resources, funding, facilities, personnel, training and development, and so forth.
5. Evaluate the implications of a coherent, effective, efficient, and flexible system of health care education in the Maricopa Community Colleges, including mobility, transferability, and so forth.
6. Coordinate and implement a coherent, effective, efficient, and flexible system of health care education in the Maricopa Community Colleges. Some possibilities include programs that allow earlier access to health care training, interprofessional and multicompetent training; health professions core curriculum/competencies that can be integrated into all health care and nursing programs of study, and so forth.
7. Develop/Provide a mechanism for assessing, prioritizing and forecasting allied health and nursing workforce needs.
8. Develop mechanisms to ensure wide involvement and commitment to a coherent, effective, efficient, and flexible system of health care education in the MCCCD, including timely communication mechanisms, committees, task forces, and so forth.
9. Formulate alternative approaches to the provision of continuing education which lead to a workforce that continuously evolves and adapts to community needs.
10. Recommend and implement an appropriate formative evaluation process(es) to assess the

outcome of the MCCCD's coherent, effective, efficient, and flexible system of health care education, with the potential to integrate the results systematically to ensure continuous quality improvement, program viability, and continued relevance to health workforce needs.

Task Forces

The Commission identified the commonalties of the ten goals and formed five task forces to accomplish the charges. The task force responsibilities are as follows:

- Task Force 1 - Goals 1 and 7. Its abbreviated charge is to:
  Analyze changes in the health care delivery system and develop a mechanism for forecasting.

- Task Force 2 - Goals 2, 3, and 6. Its abbreviated charge is to:
  Analyze curriculum issues common to all MCCCD health care education programs.

- Task Force 3 - Goals 5 and 9. Its abbreviated charge is to:
  Evaluate implications of a coherent, effective, efficient, and flexible system of health care education programs and formulate alternative approaches to the provision of continuing education that evolves and adapts to community needs.

- Task Force 4 - Goals 4 and 8. Its abbreviated charge is to:
  Identify resource needs and design approaches to affect optimal utilization of resources, and develop mechanisms to ensure wide involvement and commitment within the community.

- Task Force 5 - Goal 10. Its abbreviated charge is to:
  Recommend and implement an appropriate evaluation process(es) to be used to assess the outcome of the MCCCD health care education programs.

- Task Force 6 - Workforce Regulation
  To continue the Maricopa dialogue related to reform of healthcare education programs through discussion across Arizona about issues related to and the impact of healthcare workforce regulations on the Health Care Integrated Educational System (HCIES).

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Historical Background

In February 1995, the MCCCD Office of Student and Educational Development sponsored a Day of Dialogue focusing on the changes in health care. Allied health and nursing faculty, as well as administrators and community representatives, gathered to discuss issues in health care education and delivery systems.

The keynote speaker from the Pew Commission for the Health Professions, as well as community leaders in health care, challenged the participants with dialogue regarding changes in health care at both the national and regional levels. As a follow up to the Day of Dialogue, a planning committee with members representing allied health and nursing, was formed to explore the issues of change and its impact upon health care education programs within the Maricopa Community Colleges.

In late May 1995, the planning committee began its work to collect data regarding the changes in health care from a variety of perspectives and disciplines. Some examples of activities included meeting with leaders of the Pew Commission; attending national and regional conferences that focused on health care changes; conducting extensive literature searches; and interviewing many community health care leaders to better understand the health care reform issues and the impact on health care education. The planning committee also developed a District-sponsored Health Care Education Reform Summit which was held on 27 October 1995. The purpose of the Summit was to disseminate information to allied health and nursing faculty, administrators and community health care leaders, and elicit interest and participation in health care education reform issues affecting the MCCCD.

The outcomes from the planning committee's activities were used to shape the Summit agenda. The planning committee was officially dissolved following the presentation of the Summit outcomes and recommendations to the Vice Chancellor of Student and Educational Development. In January 1996, the Vice Chancellor established the Maricopa Commission on Health Care Education Reform.

Maricopa Commission on Health Care Education Reform

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Taskforce # 1

- Goal #1: Analyze changes in the health care delivery system and identify implications for health care education programs at the Maricopa Community Colleges.
- Goal #7: Develop/Provide a mechanism for assessing, prioritizing, and forecasting allied health and nursing workforce needs.

Goal #1

- Overview with Respect to Goal #1
- Issues/Concepts Identified/Supported To Date #1
- Recommendations To Date

Overview with Respect to Goal # 1

Task Force #1 worked in teams to identify generalists' responsibilities and the multiple skills necessary for this component of the health care continuum. After much dialogue, discussion and consensus building, a team model was designed. This model was then circulated by task force members to key stakeholders in the community for review and input. The feedback received from the stakeholders regarding the inpatient and outpatient generalist caregiver skills model was reviewed and incorporated. A copy of the model follows.

DRAFT MODEL DEPICTING NECESSARY HEALTH CAREPROVIDER SKILLS ACROSS THE CONTINUUM

Premise

Health care education today and in the future must have as its core, identified baseline careprovider skills. The skills are general in nature and cross the entire continuum of patient care. These basic skills represent the initial entry point for the health careprovider and are required of any individual choosing to enter the health care workforce. The addition of identified technical and diagnostic skills/competencies move the health careprovider to a higher competency level as does the addition of supervisory/management, assessment, evaluative and intervention competencies.

The health careprovider should possess the following attributes/ knowledge/abilities. It is understood that the following skill levels may be expanded as needs are identified.

Knowledge and understanding of:

- the community sub-cultures, language, values, attitudes, etc.
- the soft skills in addition to reading, writing & computation
- the basic public health issues
- the big picture perspective of the health care system (managed care concepts)
- medical ethics
- the changing family structure
- fiscal reality
- time management
- healthy living and lifestyles (prevention)
- stress management
- teaching skills

Ability to:

- work in a variety of settings (flexibility/adaptability)
- use interpersonal skills--understanding roles of colleagues
- integrate psychosocial skills throughout the continuum of care
- practice good human relations skills across cultures/generations/genders - listening, compliance & persuasion, assessment, empathy, TQM, customer service, etc.
- think critically (good judgment skills)
- evaluate
  - self-assessment, peer assessment
- write effectively
- organize (includes time management)
  - concepts, projects, teams, etc.
- understand insurance and how it impacts access to care
- work with computers (computer literacy) and technology
- shift focus--see multiple sides of an issue
- transcend disease model--know and practice wellness and disease prevention
- communicate accurately and transcribe client statements
- understand team concepts

HEALTH CAREPROVIDER PROFESSIONALS

Basic Entry Skill Level -- "Doer & Reporter" (required of all individuals choosing to enter the health care workforce)

team member	pt care terminology (to include basic Spanish terms)
basic physical care, ADL's	cleaning units, hskpg., stocking unit, CS
patient & family education	recordkeeping
vital signs & reporting	hygiene
moving/ambulating patients	weights

unit secretarial functions	I+0
documentation	12 lead EKG
accucheck	dressing changes (simple sterile)
nutrition - feeding	computer skills
crutchwalking	customer service
obtaining specimens	remove IVs (peripheral)
foley catheter insertion	phlebotomy
basic admission - vitals, social function	enemas
knowing what to report and in a timely manner (critical thinking)	safety (universal precautions, OSHA)
body mechanics to include transport, transfer, ROM, basic OT/PT	02 by nasal prongs only
incentive spirometry	

Diagnostic & Technical Level

It is understood that all health careproviders at this level are required to have obtained all basic entry level skills. The diagnostic and technical areas identified are in addition to the basic entry level skills and may be taken independently of one another and/or as component(s) of cross-training skill development. This level represents a health careprovider with both generalist and specialist skills.

- all basic entry level skills (refer above)
- medication administration (PO, SUBQ, IM, initiating IVs); monitoring skills (monitors)
- skills for diagnostic and technical careproviders - including, but not limited to, imaging, clinical/medical laboratory, radiography, EEG, surgical tech/asst, PT/OT, paramedical/EMT, multiskilled tech, respiratory, dental, and others
- SVN's and 02 therapy as person needs higher level assessment skills
- point of care testing
- taking orders from primary careprovider

Supervision/Management, Assessment, Evaluation, and Intervention Level

It is understood that all health careproviders at this level are required to have obtained all basic entry level skills. Individuals functioning at this level of careprovider may or may not have completed one or more of the areas noted under Diagnostic and Technical Health Careprovider. (Note: Pharmacy could also perform some of the following competencies.)

- all basic entry level skills (refer above)
- manager, coordinator of care--all disciplines
- high level assessment skills
- plans care
- team leader
- high acuity skills
- medication administration (all levels/types)
- preparation of IVs

- budgeting, managed care, case management
- high level command of communication/cross-cultural skills
- critical thinking - analysis and action
- high tech equipment (trach care, arterial lines, balloon pump, critical care skills)
- patient education/family education & team coordinator
- social services
- taking physician orders
- ventilation management
- blood gases
- bedside testing, clinical monitoring
- extended systems competencies (broadest view of health care)
- independent actions based on established protocols
- decision making skills
- flexibility
- mediation
- negotiation
- influence
- ability to interpret diagnostic tests, monitor data, and act accordingly
- utilization of resources across the continuum

(Note: This model relates to the work of Task Forces 2 and 3.)

Issues/Concepts Identified/Supported To Date (Goal #1)

1. Quality of care and client satisfaction must be the underlying theme of the model.
2. Diagnostic and technical level and supervision/management, assessment, evaluation, and intervention level should be licensed/certified/credentialed.
3. Develop a matrix to reflect varying levels of depth and breadth due to increasing complexity from level to level.
4. How does all of this fit into a prevention-wellness model? Perhaps, all persons entering the health care system can begin with risk assessment that leads to a critical pathway.
5. How will such a person (the generalist) be able to maintain competence in so many areas? (relates to Task Force #3, Goal 9)
6. The concept of change must be considered at all levels. How do we deal with employers who want generalists when we have all been educated to be specialists?
7. Sharing of resources within the MCCCD is crucial to a systems approach to health care education (includes facilities, curriculum, equipment, personnel, etc.). (relates to Task Force #2, Goal 2, Issue 12; Goal 3; Task Force #3, Goal 6; Task Force #4, Goal 4, Recommendation 2)
8. Tele-education and distance learning using the Internet need to be integrated into course/program delivery. (relates to Task Force #2, Goal 2, Issue 10; Task Force #3, Goals 6 and 9; Task Force #4, Goal 4)
9. Why can't community colleges do clinical education/training for all three health careprovider levels and leave the four-year institutions to do general studies along with upper division and advanced level professional education (Nurse Practitioner, etc.)? This would use community college education as the platform upon which advanced study is built--would save taxpayer dollars and student time while building an integrated educational model (Example: the ADN as a prerequisite for admission to BSN program without the need to repeat any coursework--all community college coursework would apply directly toward the BSN.) (relates to Task Force #3, Goal 5,Issue 1; Goal 6)

10. Workforce regulations--How do we fit licensure and certification into this picture? (relates to Task Force #3, Goal 6, Issue 2)

Recommendations To Date (GOAL #1)

1. Accept the draft model depicting necessary health careprovider skills across the continuum, understanding that it is a living model and will change as employer and client needs change. (relates to Task Force #2, Goal 2, Issue 8; Task Force #3, Goal 5, Recommendations 2 and 3)
2. Accept and embrace the concept that whatever model is finally developed and approved must be a component of a systems approach to health care education.

Overview with Respect to Goal #7

Task Force #1 will interface with the Arizona Hospital and Healthcare Association's Robert Wood Johnson Foundation's (RWJF) "Colleagues in Caring: Regional Collaboration for Nursing Workforce Development Project" (July, 1996). This project seeks to enhance the health and welfare of Arizonans by improving access to a nursing workforce prepared to meet the evolving health care consumer needs and system demands. The MCCCD is a significant supporter of this RWJF grant and will be represented on the advising consortium.

It is recognized that although the MCCCD is examining this issue in a much broader frame-work through the involvement of both allied health and nursing, the development of a dependable multi-method system for accurately estimating future nursing workforce needs can be translated and applied to allied health. It is anticipated that this collaboration will minimize any duplication of effort.

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TASK FORCE #2 - COMMISSION GOALS ASSIGNED TO TASK FORCE

- Goal #2: Analyze the current status of MCCCD health care education programs to include applicant pools, underrepresented populations, selected criteria, admission/retention statistics, number of graduates, employment patterns, and opportunities.
- Goal #3: Analyze curriculum issues common to all health care education programs, including structure, content, interdisciplinary core, basic patient skills, process, etc.

Goal #2

- Overview with Respect to Goal #2
- Issues/Concepts Identified/Supported To Date Goal #2
- Recommendations To Date Goal #2

OVERVIEW WITH RESPECT TO GOAL #2

Task Force #2 has examined the allied health and nursing survey information gathered from the various program directors (May, 1996). The members completed an initial independent analysis based on their professional perspectives. The task force compiled, organized, and reviewed the summarized report with the following issues and recommendations representing the consensus of discussions to date.

Issues/Concepts Identified/Supported To Date (Goal #2)

1. How do students know where to seek MCCCD health care program information?
2. Can students easily transfer among MCCCD colleges in areas where there is program duplication (i.e., nursing, EMT, PCT)? (relates to Task Force #3, Goal 5, Issue 1)
3. Can students transfer among different health care programs, in general? (relates to Task Force #3, Goal 5, Issue 1)
4. There appears to be inconsistencies within the criteria for application, submission, and selection of qualified candidates among the certificate and degree programs.
5. There appears to be no centralized clearinghouse for student selection in nursing. (Students make multiple applications to the various programs, thus inflating the student pool data.)
6. Most programs do not have an applicant pool but rely on students reapplying each semester for admission into the program. (Generally there are no waiting lists for health care programs to use from semester to semester.)
7. There is concern related to the decreased applicant pools reported by some programs and questions related to cost effectiveness of offering programs operating with such low numbers. (relates to Task

Force #4, Goal 4)

8. With most programs geared to full-time student enrollment during daytime hours, who is meeting the needs of the working adult seeking part-time as well as "off- hours" types of health program offerings? (Flexibility of classes must be addressed.) (relates to Task Force #3, Goal 6, Issue 3, Recommendation 4; Goal 9, Issue 1,Recommendation 1)
9. The continuing education needs of the working professional, as well as the retraining needs of unemployed individuals, need to be addressed. (relates to Task Force #3, Goal 9, Issue 1, Recommendation 1)
10. The use of teleconferencing and computer instructional methods needs to be incorporated. (relates to Task Force #3, Goal 5)
11. MCCCD health care offerings/programs do not support the needs of part-time students or the flexibility of evening/weekend/computer/distance learning, etc.,alternative type delivery courses. (relates to Task Force #3, Goal 5; Task Force #4, Goal 4)
12. The MCCCD health care programs do not work in concert with one another. FTSE is competitive and always takes precedent over cooperation and program planning. (relates to Task Force #3, Goal 9, Issue 2, Recommendation 3; Task Force #4, Goal 4, Recommendation 2, Goal 8, Recommendation 4.)
13. How can the MCCCD reach out to the student who drops out of health care programs? Is there any follow up or tracking of the student who cannot succeed in one health care program and are there any options to assist students in identifying and re-enrolling into another type of program? (relates to Task Force #3, Goal 5, Issue 1, Recommendations 2 and 3; Task Force #3, Goal 6)
14. There is concern for market saturation in various areas of health care and at the same time concern for under supply in other areas based on the changing health care arena (i.e., home health care). (relates to Task Force #1, Goals 1 and 7)
15. Are the health care programs being marketed to ethnic minorities? Do the percentages in the health care field compare to the general population of the various college populations?
16. How can the system increase efforts to develop connections in the Arizona School to Work Initiative and market the health care programs? (relates to Task Force #3, Goal 6, Issue 4, Recommendation 3)
17. New options need to be explored and identified to aid student transfer into the baccalaureate setting. What creative ways can be implemented to help students move through the academic system? (relates to Task Force #3, Goal 5, Issue 1)
18. Why is there so much acute care experience identified in the clinical work activities for students when the health care industry is shifting to outpatient and community-based areas for clinical work and employment opportunities? (Health care programs must look actively at alternative clinical settings for students and/or consider down-sizing programs.) (relates to Task Force #1, Goal 1)
19. Data provided by the various programs lacks information related to where graduates are employed, full-time or part-time. The accuracy of the data relating to employment of graduates is of concern. (relates to Task Force #5, Goal 10, Recommendation 5)
20. The continued lack of partnering with the health care industry, given the challenges of the ever-changing health care arena, continues to be of great concern. (relates to Task Force #3, Goal 6, Recommendations 5 and 7; Goal 9, Issue 1, Recommendations 5 and 6)

Recommendations To Date (GOAL #2)

1. Develop a consistent format for marketing health care programs on all college campuses, and clarify the certificate or degree the student will receive at graduation from each program. (Issue 1) (relates to Task Force #3, Goal 6, Issue 4, Recommendation 3)
2. Increase clarity of the selection criteria for students admitted to all health care programs, and consider this a feature of a central data base for health care program applicants. (Issues 4,5,6) (relates to Task Force #3, Goal 5, Recommendation 1)

3. Support the development of a centralized data bank or tracking system within the MCCCD for all health care program applicants for the purpose of gathering accurate statistics to aid in effective program planning for the entire system. (Issue 7) (relates to Task Force #5, Goal 10, Recommendation 5)
4. Re-examine the issues of full-time and part-time enrollment options, class offerings/ schedules, and needs assessment of the adult student in health care programs. (Issues 8,9,10,11) (relates to Task Force #3, Goal 6, Issue 3, Recommendation 4)
5. The MCCCD must promote a major paradigm shift in the way programs/courses are budgeted, using the current FTSE system; re-examine the support for faculty who teach in part-time/evening and other non-traditional settings that meet the needs of students as well as health care industry customers. (Issue 12)
6. Develop a central data bank or tracking system to obtain accurate statistics for attrition/retention and graduation of students. (Issue 13) (relates to Task Force #5, Goal 10, Recommendation 5)
7. Support continued data collection from a variety of sources (internal and external) for determining future needs of employable health care graduates. (Issue 14) (relates to Task Force #1, Goal 7; Task Force #5, Goal 10, Recommendation 5; Task Force #2, Goal 3)
8. Increase marketing efforts to underrepresented ethnic populations as well as under- represented males in the general health care program population. (Issue 15)
9. Expand the linkage to the Junior High and High School populations, and work with the Arizona School to Work Initiative. (Issue 16) (relates to Task Force #3, Goal 3, Issue 7)
10. Strengthen educational mobility options for students that are both internal and external to the system. (Issue 17) (relates to Task Force #2, Goal 3, Issue 10)
11. Support partnerships with the health care industry for a comprehensive needs assessment in the re-training of employees to help meet changing industry needs. (Issues 18,19) (relates to Task Force #3, Goal 9, Recommendation 6)
12. Recognize that curriculum planning for all health care programs must work in tandem with the health care industry, and curriculum must be responsive to the changing employment opportunities for MCCCD health care program graduates. (Issues 18,20) (relates to Task Force #1, Goal 1, Recommendation 1; Task Force #2, Goal 3; Task Force #3, Goal 6, Recommendations 5 and 7)

Goal #3

- Overview with Respect to Goal #3
- Issues/Concepts Identified/Supported To Date Goal #3
- Recommendations To Date Goal #3

OVERVIEW WITH RESPECT TO GOAL #3

The members of Task Force #2 were provided with copies of the Far West *Health Care Skill Standards* and several journal articles related to the concept of core curriculum. The task force was also apprised of the initial work completed by health care faculty at GateWay Community College (GWCC) in their exploration of potential development of health care foundation courses. Several members of the task force also shared information obtained from college systems in the Midwest and East Coast that currently use some type of health care program core curriculum concept.

In addition, several community task force members have in-depth experience in their industry related to training and utilizing new graduates and multi-skilled workers in their workforce. The following issues, concepts, and recommendations represent consensus of discussions to date.

Issues/Concepts Identified/Supported To Date (GOAL #3)

1. The task force supports the following:
2. The concepts and curriculum ideas presented in the Far West Health Care Skill Standards document. (relates to Task Force #3, Goal 5, Issue 1, Recommendations 2 and 3)
3. The concepts and skills offered in a Certified Nurse Assistant (CNA) type of course provide an excellent starting point for a health care worker. (relates to Task Force #1, Goal 1, Recommendation 1; Task Force #3, Goal 5, Recommendation 3)
4. The concept that the health care worker who has a minimum base could be given the opportunity to learn added skills and knowledge to make her/him competent, safe, accountable, and employable in today's health care market. (relates to Task Force #1, Goal 1, Recommendation 1; Task Force #3, Goal 5, Recommendations 2,3,4)
5. Educational mobility (both vertical and horizontal) so that the student could potentially obtain employment at various levels while advancing in their educational pursuits. (relates to Task Force #1, Goal 1, Recommendation 1; Task Force #3, Goal 5, Issue 1, Recommendations 2 and 3); Goal 6, Issue 2)
6. Belief in shared partnerships with health care institutions so that the health care market needs of the community can be effectively met as well as the employability needs of the MCCCD graduate. (relates to Task Force #3, Goal 6, Recommendation 7; Goal 9, Recommendation 6)
7. Creative articulation with higher degree granting institutions so that the continuing educational needs of students are met. (relates to Task Force #2, Goal 2, Recommendation 10)
8. The collaborative efforts of the MCCCD and the Arizona School to Work Initiative. (relates to Task Force #2, Goal 2, Recommendation 9)
9. The initial interdisciplinary efforts to bring all health care programs to movement toward some type of consensus for development and utilization of a core curriculum concept for all programs. (relates to Task Force #3, Goal 5, Recommendations 2,3)
10. Recognition of the need for a careful analysis of a common health care core content. This should occur in a collaborative manner among all disciplines and in a timely fashion for the implementation of curriculum changes in all health care programs. (relates to Task Force #2, Goal 2, Recommendation 12)

Recommendations To Date (GOAL #3)

1. Establish a set of generic competencies/skills that are common to all health care programs through collaboration of interdisciplinary representation using both internal (i.e. faculty) and external (health care industry representatives) resources. (Issues 1, 2, 3, 4, 5) (relates to Task Force #3, Goal 5, Issue 2, Recommendations 2 and 3)
2. The development of a general health care core curriculum for all health care programs to include the foundation course(s) developed as a basis for entry and articulation into any health care program within the MCCCD. (Issues 7, 8, 9) (relates to Task Force #3, Goal 5, Issue 3, Recommendations 2 and 3)

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TASK FORCE #3 - COMMISSION GOALS ASSIGNED TO TASK FORCE

Goal #5: Evaluate the implications of a coherent, effective, efficient and flexible system of health care education programs in the MCCCD, including mobility, transferability, and so forth.

Goal #6: Coordinate and implement a coherent, effective, efficient and flexible system of health care education in the MCCCD. Some possibilities include programs that allow earlier access to health care training; interprofessional and multicompetent training; a health professions core curriculum/competencies that can be integrated into all health care and nursing programs of study; and so forth.

Goal #9: Formulate alternative approaches to the provision of continuing education which lead to a workforce that continuously evolves and adapts to community needs.

Goal #5

- Overview with Respect to Goal #5
- Issues/Concepts Identified/Supported To Date Goal #5
- Recommendations To Date Goal #5

OVERVIEW WITH RESPECT TO GOAL #5

Task Force #3 divided into teams to address the three assigned goals. They identified and evaluated the implications tied to a coherent, effective, efficient and flexible system of health care education in the MCCCD. The following issues and recommendations represent the consensus of discussion to date.

Issues/Concepts Identified/Supported To Date (Goal #5)

1. Roadblocks exist for MCCCD students transferring from one institution to another, from secondary to community college, and to the universities. Current articulation structure/process needs review and a new structure (tied to exit level competencies) needs to be considered. (relates to Task Force #2, Goal 2, Recommendation 9; Goal 3, Issue 7)
2. Support and encouragement must be given at all levels to answer the question, "How do I know the students have the competencies?".
3. There is no standardization between and among MCCCD health care programs. (relates to Task Force #2, Goal 2)

Recommendations To Date (GOAL #5)

1. Develop a standardized student application process and admission criteria along with standardized prerequisites that are reliable and valid, based on critical features for success in the discipline. (Issue 3) (relates to Task Force #2, Goal 2, Issues 4,5 and 6, Recommendation 2)
2. With respect to the general education core, unbundle courses and restructure as necessary to meet the needs of the health care community of interest. (Issues 1, 2, 3) (relates to Task Force #2, Goal 3, Issue 8, Recommendation 2)
3. Identify core skills necessary for all health care practitioners. (Issue 1, 2, 3) (relates to Task Force #1, Goal 1, Recommendation 1; Task Force #2, Goal 3, Issue 8, Recommendations 1 and 2)
4. Challenge allied health and nursing to re-evaluate and place consistent values on patient relationships, quality and safety by including them consistently as evaluation tools. (Issue 3) (relates to Task Force #5, Goal 10)
5. Provide students with clear counseling and advising regarding transferability. (Issues 1 and 3) (relates to Task Force #2, Goal 2; Task Force #3, Goal 6, Issue 4, Recommendation 3)

Goal #6

- Overview with Respect to Goal #6
- Issues/Concepts Identified/Supported To Date Goal #6
- Recommendations To Date Goal #6

OVERVIEW WITH RESPECT TO GOAL #6

A Task Force #3 team reviewed, discussed, and identified possibilities that would allow students earlier access to health care training, including multicompetent training, and a health professions core curriculum/competencies integrated into all allied health and nursing programs of study.

Issues/Concepts Identified/Supported To Date (Goal #6)

1. Implementing a new core health curriculum involves a major "change management" process.
2. What are the implications and impact of the core curriculum on special program accreditation, and statutes governing licensure and credentialing of health care personnel? Can a measure of competency in a skill or group of skills take the place of licensure/certification/credentialing? (relates to Task Force #1, Goal 1, Issue 10)
3. Courses need to be scheduled to meet student and employer needs. (relates to Task Force #2, Goal 2, Issues 8 and 11, Recommendation 4)
4. Coordinated advisement for students considering entry into health careers does not exist, nor do attractive marketing materials to facilitate students' understanding of program offerings. (relates to Task Force #3, Goal 5, Recommendation 5)

Recommendations To Date (GOAL #6)

1. The "constituencies" who will be affected by the "change management" process should be given primary consideration when deciding how to manage the change. (relates to Task Force #4, Goal 4, Recommendations 1, 2, 3, 4, 5)
2. Investigate and identify the implications and impact of the core curriculum on special program accreditation and statutes governing licensure and credentialing of health care personnel. (Issue 2) (relates to Task Force #1, Issue 10)
3. Develop a districtwide coordinated advisement process for students considering entry into health

careers, and develop attractive marketing materials to facilitate students' understanding of the new core curriculum. (Issue 4) (relates to Task Force #3, Goal 5, Recommendation 5)

4. Schedule courses to meet student and employer needs. (Issue 3) (relates to Task Force #2, Goal 2, Recommendations 4 and 5)
5. Involve students and employers in the planning and implementation of the new curriculum. (Issue 3) (relates to Task Force #2, Goal 2, Issue 20, Recommendations 11 and 12)
6. Evaluate/Validate the new curriculum by soliciting feedback from employers. (relates to Task Force #5, Goal 10)
7. Identify health care industry vendors and industry partners who can facilitate training of students in the use of state-of-the-art technology. (relates to Task Force #2, Goal 2, Recommendations 11 and 12)

Goal #9

- Overview with Respect to Goal #9
- Issues/Concepts Identified/Supported To Date Goal #9
- Recommendations To Date Goal #9

OVERVIEW WITH RESPECT TO GOAL #9

A task force team investigated, reviewed, and formulated alternative approaches to providing continuing education that continuously evolves and adapts to community and workforce needs.

Issues/Concepts Identified/Supported To Date (Goal #9)

1. There is no coordinated mechanism within the MCCCD that addresses the health care continuing education needs of the community. (relates to Task Force #2, Goa 2, Issue 10)
2. The issue of "turf fighting" as it relates to FTSE permeates the MCCCD--from the top level down. (relates to Task Force #2, Goal 2, Issue 13, Recommendation 5; Task Force #4, Goal 4, Recommendation 4; Goal 8, Recommendation 2)

Recommendations To Date (GOAL #9)

1. Develop a process for integrated CEU offerings throughout the MCCCD to assist faculty, staff, graduates, underserved populations, health care providers and employers, and the community at large for acquiring new skills and completing old skills. (Issue 1)
2. Establish and fund the MCCCD Center for Health Care Provider Continuing Education which is integrated with college departments and programs (a systems approach). (Issue 1)
3. Seek out and destroy FTSE turf fighting. (Issue 2) (relates to Task Force #2, Goal 2, Issue 13, Recommendation 5; Task Force #4, Goal 4, Recommendation 2)
4. Create a mechanism to communicate continuing education offerings to internal and external users. (Issue 1) (relates to Task Force #4, Goal 8, Recommendation 4)
5. Create a mechanism for internal and external users to provide input regarding continuing education needs and quality of existing programs. (relates to Task Force #4, Recommendation 4; Task Force #5, Goal 10)
6. Identify and promote areas of coordination with other educational institutions and continuing education entities. (Issue 1)
7. Establish an effective evaluation and credentialling process for continuing education faculty. (Issue 1)
8. Develop a process to assess continuing education courses as appropriate for credit or non-credit offerings. (Issue 1)

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TASK FORCE #4 - COMMISSION GOALS ASSIGNED TO TASK FORCE

Goal #4: Identify resource needs and design approaches to affect optimal utilization of health resources to include internal and external resources, funding, facilities, personnel, training and development, and so forth..

Goal #8:Develop mechanisms to ensure wide involvement and commitment to a coherent, effective, efficient and flexible system of health care education in the District, including timely communication mechanisms, committees, task forces, and so forth

Goal #4

- Overview with Respect to Goal #4
- Issues/Concepts Identified/Supported To Date Goal #4
- Recommendations To Date Goal #4

OVERVIEW WITH RESPECT TO GOAL #4

With respect to resources, the Vice Chancellor of Business Services has provided staff to work with a subcommittee of the task force. Information is being reviewed to obtain an idea of the resources currently being used by allied health and nursing programs. There is frustration at the inability of the current computer system to provide critical resource information--information required for basic planning purposes. Currently, it appears that the individual colleges will need to provide the information not available at the district office--most of which will have to be hand tallied.

Issues/Concepts Identified/Supported To Date (Goal #4)

The unavailability of information related to resources used by the various programs. (True cost centers are literally impossible to define.)

Recommendations To Date (GOAL #4)

1. The new Apollo system must be structured such that courses and programmatic information can be easily accessed via a central data base. The development of the necessary relational data base software must be verified immediately. (relates to Task Force #2, Goal 2, Issue 13, Recommendation 6; Task Force #5, Goal 10, Recommendation 5)
2. The competitive model must be replaced with one that stresses collaboration so that rewards,

evaluations, and successes are not tied entirely to FTSE. If this does not change, the initiatives of the Commission cannot be realized. (relates to Task Force #2, Goal 2, Issue 13; Task Force #3, Goal 9, Issue 3; Task Force #4, Goal 4, Recommendation 4)

Goal #8

- Overview with Respect to Goal #8
- Issues/Concepts Identified/Supported To Date Goal #8
- Recommendations To Date Goal #8

OVERVIEW WITH RESPECT TO GOAL #8

Task Force #4 members have spent considerable time dealing with the critical issues of communication and resources. Approaches for communicating the work of the Commission to the faculty, districtwide, as well as the external community of interest have been identified and implemented, when possible.

Issues/Concepts Identified/Supported To Date (Goal #8)

1. How does the HCER Commission get the following point across, "change is taking place, work is being done, this initiative will not 'go away', and internal involvement and commitment are needed"? (This continues to be a problem, despite the open circulation of all Commission minutes and official notification provided by Dr. de los Santos when he created the Commission in January, 1996.)
2. Public press releases need to be created, along with the distribution of more internal materials. (This initial report should help.)
3. Internal concern is still being rumored that "they" have already identified and planned an outcome and are just making a show of getting the job done. (However stated, this is erroneous information.)
4. The development of a Web Page and ListServe are extremely important to the communication process. (Note: Both have been developed and will be available by 30 September 1996.)

Recommendations To Date (GOAL #8)

1. Plan and initiate focus group meetings as soon as possible. These groups would be campus-focused and allow the opportunity for small group discussions, clarification, and sharing of ideas/concers. (Issues 1 and 2)
2. Develop a written communique to be distributed districtwide at the start of the academic year which would inform faculty and staff of the work that has taken place to date. Emphasis should be on the commitment of individuals to focus efforts on the task force work, administration's commitment to the initiative, and community-member involvement. (Issue 1, 2, 3)
3. Initiate another call for faculty involvement, encouraging participation in work yet to be completed. (Issue 3)
4. Be prepared to address issues that are of concern to faculty and staff, including, but not limited to, job security, turf issues, "rightsizing", quality of programs/content, FTSE as "the" most important factor, etc. (Issue 4) (relates to Task Force #2, Goal 2, Issue 12; Task Force #3, Goal 9, Issue 3; Task Force #4, Goal 8, Recommendation 2)
5. Acknowledgement that the process of involving faculty, staff, and the community of interest will be ongoing throughout the project. (Issues 1, 2, 3, 4)

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TASK FORCE #5 - COMMISSION GOALS ASSIGNED TO TASK FORCE

Goal #10: Recommend and implement an appropriate formative evaluation process(es) to assess the outcome of the MCCCD coherent, effective, efficient and flexible system of health care education with the potential to integrate the results systemically to ensure continuous quality improvement, program viability and continued relevance to health workforce needs.

Goal #10

- Overview with Respect to Goal # 10
- Issues/Concepts Identified/Supported To Date Goal #10
- Recommendations To Date Goal #10

OVERVIEW WITH RESPECT TO GOAL #10

Task Force #5 has reviewed several approaches to the development and implementation of an evaluation process. Following much discussion, consensus was reached to adopt the format currently being used by the North Central Association of Colleges and Schools Commission on Institutions of Higher Education (NCA). This direction will enable the process to be used as a systems approach yet allow for the autonomy of the MCCCD colleges to be maintained.

The task force has developed the Maricopa Health Care Integrated Educational System (HCIES). This includes a mission statement, common goals of HCIES; an example of the relationship of the goals to the patterns of evidence and possible measures to be used; and a calendar of activities, leading to the submission of an assessment plan to the HCER Commission in May 1997. This information follows:

DRAFT
Maricopa County Community College District

MARICOPA HEALTH CARE INTEGRATED EDUCATIONAL SYSTEM (HCIES)

Mission Statement

The HCIES is a comprehensive and integrated occupational educational system for health care within the Maricopa County Community College District. It is responsive to the evolving nature of the health care system in the nation and in the local health care community. It provides entry level and continuing education, and opportunities for re-careering and professional renewal. Programs and educational offerings within the

HCIES are of high quality and represent a continuing collaborative partnership with the community.

1. To provide a **COHERENT** and integrated program of education and occupational training for health care.
2. To provide **EFFECTIVE** training/education programs including recareering for the community's health care workforce within the framework of the general mission of community colleges.
3. To provide an **EFFICIENT** system of educating students to assume employment within health care in the community.
4. To provide curricula and programs within health care which are **FLEXIBLE** and responsive to the changing nature of the health care system in the nation and in the local community.
5. To provide relevant education/training programs to meet the contemporary and emerging needs of the community.
6. To provide training in health care that promotes the quality of care and appropriate standards of practice.
7. To recruit and retain qualified faculty and support personnel to promote a standard of excellence in the programs of education and occupational training within the HCIES.
8. To recruit and retain qualified faculty and support personnel that reflect the ethnic and gender diversity of the communities of interest.
9. To develop and maintain relationships with various community entities to enhance the achievement and success of our students.
10. To maintain equipment and technology that reflect the respective standards of practice.
11. To provide the competency in training necessary for licensure and certification as may be required.
12. To develop and maintain current and relevant learning outcomes/ competencies.
13. To provide opportunities for re-careering and professional renewal consistent with, and in response to identified faculty/staff/work- force/community needs.

DRAFT
TASK FORCE 5

CALENDAR OF ACTIVITIES

1. Determination of overall configuration of health care education program.

    * Recommend integrated program.
    (Maricopa Health Care Integrated Educational System - HCIES)

2. Identify occupational programs to be integrated within HCIES.
3. Develop common mission/philosophy statement for HCIES.
4. Develop common goals for all HCIES programs.

INTERIM REPORT SEPTEMBER, 1996
Include recommendations based on items 1-4.

5. Determine Patterns of Evidence.

    * Learning Outcomes
    * Program Viability
    * Workforce Relevance

6. Determine appropriate infrastructure to implement & institutionalize Assessment Plan.

    * Administrative and Faculty Leadership Roles
    * Feed-back Loop for Reporting Assessment Outcomes
    * Decision Mechanism to Authorize and Implement Change

INTERIM REPORT February, 1997
Include recommendations based on items 5-6.

7. Designate Time-Table.

    * Time-table for one complete assessment cycle of entire HCIES.
    * Time-table for continuous assessment of each component.

8. Prepare Draft of Assessment Plan.

SUBMIT ASSESSMENT PLAN TO COMMISSION MAY, 1997

Issues/Concepts Identified/Supported To Date (Goal #10)

1. The evaluation process needs to be incorporated into the education reform movement from the start of the process.
2. The process must be systemic and embraced by all participating institutions.
3. The evaluation process chosen/developed should tie into what is already required of colleges accredited by the NCA.
4. Faculty and staff must play a significant role in the process.

Recommendations To Date (GOAL #10)

1. Accept the design of the Maricopa Health Care Integrated Educational System (HCIES) as presented--an integrated systems approach. (Issue 2)
2. Adopt the mission statement of the HCIES. (Issue 3)
3. Adopt the common goals of the HCIES. (Issue 3)
4. Accept the evaluation process formed--that as used by the NCA. (Issue 3)
5. Initiate the building of centralized data bases for easy access and accuracy of information.

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Recurring Themes

It is very evident that in the work accomplished to date by the five Commission Task Forces, recurring themes have been identified through cross-referencing of task force goals, issues and recommendations. These recurring themes bring to the forefront critical issues that must be addressed as soon as possible if the HCER Commission is to be successful in meeting its charge.

1. What is developed by the Commission in response to the paradigm shifts in the health care delivery system must be systemic in nature and utilize a systems approach model.
2. There is tremendous concern for the inherent competition among the colleges and within a college (existing at all levels of the organization) that prevails. For the initiatives of the HCER Commission to be successful, the MCCCD must move from a model of competition to a model of collaboration. This must be understood, accepted, embraced, and supported by "all" levels within the organization.
3. A prodigious need exists for technological support (via Apollo) with respect to developing relational data bases/tracking systems, etc., both college and district-wide. This need must be forwarded to the responsible parties for action.
4. The need for more active involvement by faculty and staff is important to the educational reform process.
5. Development of various types of standardization among the many MCCCD health programs (i.e., application process, admission criteria, marketing, scheduling, advisement, etc.) is essential to a systems approach.
6. Identification and implementation of core health care skills necessary for all health careproviders is inherent to MCCCD's response to the needs of the community and its health care workforce.
7. The impact of health care education and workforce reform on health professions' workforce regulation requires increased awareness and study.
8. Easier transition of health care students between and among community colleges and four-year institutions is pivotal to the proposed integrated health care education delivery model.
9. Dedicated time and energy must be expended to continue to build and strengthen the working relationships, partnerships, and alliances with health care employers and our community of interest.

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Concluding Remarks

The HCER Commission is prepared to move forward with the "next steps" once approval is obtained for the recommendations presented in this initial report.

NEXT STEPS

1. Work with Chancellor's and Vice Chancellors' direction and support to respond to the critical issues identified as recurring themes.
2. Continue to investigate the ongoing implications of health care reform and their projected impact on educational courses and program offerings, including personnel and program viability.
3. Continue task force work on designated goals, and identify additional issues, activities, and recommendations needed to bring the HCER Commission charge and goals to fruition.
4. Gain recognition for the MCCCD as "the" national resource for the development of a systems response to the unprecedented metamorphoses of the health care delivery system.
5. In conjunction with #4, seek external funding in support of curriculum development and implementation along with faculty skills development relating to cross-training and professional renewal.